MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011373
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 115

FILED APR 15 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0425		
2	0420		
3			
4	0		
5	1		
6			
7	1		
8	2		
9	331X		
10			
11			
12	86.2		
13	1-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton
Length of stay in 1b: 4 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jolley Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Henry
c. CITY OR TOWN: Shawnee Mound
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First PERCY Middle PRESTON Last FREEMAN

4. DATE OF DEATH: Month April Day 10 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7/6/86

9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Broom Mfg.

10b. KIND OF BUSINESS OR INDUSTRY: Broom Mfg.

11. BIRTHPLACE (City and state or country): Andover, Kansas

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas Freeman

13b. MOTHER'S MAIDEN NAME: Emma Laura Shook

14. NAME OF HUSBAND OR WIFE: Lottie M. Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of se...): No

17. INFORMANT Address: Lottie Freeman, Shawnee Mound, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pneumonia postural	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Hemorrhage	3 days
DUE TO (c)	Cerebral Hemorrhage	3 mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 1-62 to April 10/63 and last saw her/him alive on 4/9/63
Death occurred at 7:30 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. O. Powell (Degree or title) MD

22b. ADDRESS: Clinton Mo

22c. DATE SIGNED: 4/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4/12/63

23c. NAME OF CEMETERY OR CREMATORY: Shawnee Mound

23d. LOCATION (City, town, or county) (State): Henry County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Consalus Clinton, Mo.

25. DATE RECD. BY LOCAL REG.: APRIL 13-1963

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Eugene R. Corsaletti

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained 4-13-62 (M.B.)